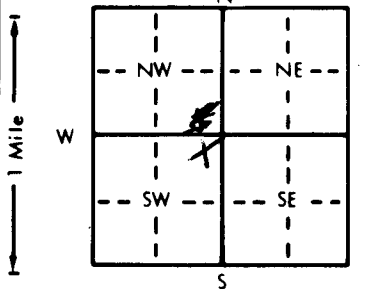


<b>1 LOCATION OF WATER WELL:</b> County: <u>Marshall</u>		Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>		Section Number <u>21</u>	Township Number <u>T 2 S</u>	Range Number <u>R 9 E</u>
Distance and direction from nearest town or city street address of well if located within city?						
<b>2 WATER WELL OWNER:</b> <u>Marshall Co. R.W.O. #3</u> RR#, St. Address, Box # : <u>707 main</u> City, State, ZIP Code : <u>Beattie Ks. 66406</u> Board of Agriculture, Division of Water Resources Application Number:						
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>10</u> ft. <b>ELEVATION:</b> _____ ft.				
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>2</u> ft. below land surface measured on mo/day/yr				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
1 <del>Domestic</del>		3 Feedlot		6 Oil field water supply		9 Dewatering
2 Irrigation		4 Industrial		7 Lawn and garden only		10 Monitoring well
5 Public water supply		8 Air conditioning		11 Injection well		12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes <u>X</u> No _____						
<b>5 TYPE OF BLANK CASING USED:</b>						
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
				7 Fiberglass		<u>Rock lined</u>
Blank casing diameter <u>4.8"</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____						
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
						9 ABS
						10 Asbestos-cement
						11 <u>Other (specify)</u> <u>Rock</u>
						12 None used (open hole)
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>						
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes
				7 Torch cut		10 <u>Other (specify)</u> <u>Rock</u>
<b>SCREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
<b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____						
Grout Intervals: From <u>2</u> ft. to <u>1</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination:						
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
						13 Insecticide storage
						14 Abandoned water well
						15 Oil well/Gas well
						16 <u>Other (specify below)</u> <u>CISTERN</u>
Direction from well? <u>10</u>						How many feet? <u>NORTH</u>
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
			<u>10'</u>	<u>2'</u>	<u>Put Chlorine in water</u>	
			<u>2'</u>	<u>1'</u>	<u>Fill with sand</u>	
			<u>1'</u>	<u>0'</u>	<u>Bentonite</u>	
					<u>Sand</u>	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) <u>plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>9-26-91</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>9-26-91</u> under the business name of _____ by (signature) <u>John A. Rueger</u>						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						